

# Lawn Care Product Application - All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_  Same as mailing address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Operations:

How many years has the applicant been at the current location? \_\_\_\_\_

### Liability Section

Number of Workers: \_\_\_\_\_ (include those with wages reported on form 1099; do not include clerical workers)

Limit:  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

Blanket Additional Insured Coverage desired?  Yes  No

### Additional Insureds/Mortgagees/Loss Payees

Name	Relationship/Interest	Address	City, State, Zip

### Inland Marine Section

Schedule of owned and leased Lawn Care equipment: Select deductible per loss:  \$500  \$1,000  \$2,500

Item	Manufacturer	Model Number	Model Year	Serial Number	Description	Limit

Miscellaneous Tools & Equipment Limit (per item value not to exceed \$500) \$ \_\_\_\_\_

Leased or Rented Equipment coverage – if desired, select limit:  \$10,000  \$20,000

## II. LOSS INFORMATION FOR THE PAST 3 YEARS None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

## III. ELIGIBILITY CRITERIA

1. No past, pending or planned bankruptcy or judgement for unpaid taxes against, the named insured or any officer, partner, member or owner of the applicant individually within the past (5) years  True  False

### General Liability

- The applicant has never, and will not during our policy term be involved in projects (in any capacity) for the construction of new apartments, condominiums, town homes or tract housing developments (more than 5 structures at any single location)  True  False
- No ice or snow treatment/removal services provided  True  False
- No operations involving painting, carpentry, plumbing or other "handyman" operations  True  False
- No swimming pool or pond installation or maintenance  True  False
- No stump grinding  True  False
- No erosion control operations  True  False
- No exterior operations in excess of one story, such as tree trimming and gutter cleaning  True  False
- No sprinkler installation operations except for incidental damage repair  True  False
- No debris removal operations  True  False

10. No more than \$500,000 in annual sales  True  False  
 Contractor's Equipment
1. The owner has been in business for the past 3 years  True  False
  2. Coverage has not been cancelled or nonrenewed in the last 3 years (not applicable in Missouri)  True  False
  3. No equipment mounted on barges and no waterborne equipment performing cofferdam work or other construction on the water  True  False
  4. No equipment licensed for over-the-road use  True  False
  5. No equipment sold, leased, loaned or rented to others  True  False
  6. No blanket coverage – except for miscellaneous tools and equipment  True  False
  7. No work at nuclear facilities, chemical or petroleum plants  True  False
  8. No coverage for employees' tools or clothing  True  False
  9. No miscellaneous tools coverage only  True  False

IV. ADDITIONAL APPLICANT INFORMATION

Form of Business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_  
 Applicant's Mailing Address: \_\_\_\_\_ (if different than the location address above)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Inspection Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_